



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

December 27, 2018

Dr. Alya Reeve, Manager
Battelle House
348 Dewey Street
Bennington, VT 05201-2255

Dear Dr. Reeve:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 13, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota RN".

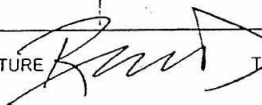
Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0531	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/13/2018
NAME OF PROVIDER OR SUPPLIER BATTELLE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 348 DEWEY STREET BENNINGTON, VT 05201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 001	Initial Comments An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 11/13/18. There were regulatory findings.	T 001		
T 006 SS=B	V.5.2.a Resident Care and Services 5.2 Admission Agreements 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, the services that are covered in the rate, and all other applicable financial issues, including an explanation of the residence's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI benefits. The agreement must be written in a format that is accessible, linguistically appropriate, and available in large font. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that admission agreements for the two sampled residents, Resident #1 and 2, had the daily, weekly, or monthly rate to be charged, the services that are covered in the rate, and all other applicable financial issues, including an explanation of the	T 006		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE *Manager Battelle House*

12/19/18
(X6) DATE

T006 - T999 POCs accepted 12/19/18 BBottel RN/PME

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T 006	Continued From page 1 residence's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI benefits. Findings include: The admission agreements for Resident #1 and 2 does not have any information listed for the rates to be charged, nor any other applicable financial issues. Confirmation made by the Licensed Practical Nurse during an interview at 12:25 PM on 11/13/18, that the admission agreement doesn't contain the rates and financial information.	T 006		
T 007 SS=B	V. 5.2.b Resident Care and Services 5.2 Admission Agreements 5.2.b The admission agreement shall specify, at least, how the following services will be provided and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under a Medicaid program. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that admission agreements for the two sampled residents, Resident #1 and 2, specify, at least, how the following services will be provided and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation;	T 007		

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T 007	Continued From page 2 toiletries; and any additional services provided under a Medicaid program. Findings include: There is no evidence during the review of the admission agreement for Resident #1 and 2 contains information regarding how services will be provided and what additional charges, if any for care and services. Confirmation made by the Licensed Practical Nurse during an interview at 12:25 PM on 11/13/18, that the admission agreement doesn't contain the required information.	T 007		
T 008 SS=B	V.5.2.c Resident Care and Services 5.2 Admission Agreements 5.2.c If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the residence's personal needs allowance policy. Any change of rate or services shall be preceded by a thirty (30) day written notice to the resident and the resident's legal representative, if any. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that admission agreements for the two sampled residents, Resident #1 and 2, specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the	T 008		

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T 008	Continued From page 3 residence's personal needs allowance policy. Findings include: There is no evidence during the review of the admission agreement for Resident #1 and 2 contains information regarding transfer and discharge rights, nor personal needs allowances. Confirmation made by the Licensed Practical Nurse during an interview at 12:25 PM on 11/13/18, that the admission agreement doesn't contain the required information.	T 008		
T 009 SS=B	V.5.2.d Resident Care and Services 5.2 Admission Agreements 5.2.d On admission, the residence must also determine if the resident has any form of advance directive and explain the resident's right under state law to formulate, or not to formulate, an advance directive. The admission agreement shall include a space for the resident to sign and date to indicate that the residence has met this requirement. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that admission agreements for the two sampled residents, Resident #1 and 2, determine if the resident has any form of advance directive and explain the resident's right under state law to formulate, or not to formulate, an advance directive. Findings include: There is no evidence during the review of the	T 009		

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T 009	Continued From page.4 admission agreement for Resident #1 and 2 contains information regarding any form of advance directive and explain the resident's right under state law to formulate, or not to formulate, an advance directive. Neither resident have information regarding advanced directives. Confirmation made by the Licensed Practical Nurse during an interview at 12:25 PM on 11/13/18, that the admission agreement doesn't contain the required information.	T 009		
T 030 SS=E	V.5.6.e Resident Care and Services 5.6 Health Care Provider Services 5.6.e Physical examinations must be provided for all residents whose residency exceeds 45 days unless the resident has available the report of a physical examination completed within 90 days prior to admission. Arrangements shall be made to treat and follow up medical problems identified in the physical examination. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview and record review, the facility failed to ensure that two residents in the sample, Resident #1 and 2 have physical examinations as required for residents whose stay exceeds 45 days, or have available report of a physical completed within 90 days prior to admission. Findings include: Resident #1 was admitted to the facility 8/6/18 and per interview, s/he stated that there had been	T 030		

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T 030	Continued From page 5 no physical examination prior to being admitted to the facility. There is no evidence in the medical record to support that a physical examination had been completed since admission. Resident #2 was admitted to the facility was admitted to the facility 4/23/18 and per interview with the staff and record review, there is no evidence to support a physical examination was completed 90 days prior to admission and there has been no physical examination since admission. During an interview with the Licensed Practical Nurse at 1:10 PM on 11/13/18, s/he confirmed that neither Resident #1 or #2 have had physical examinations per the regulatory requirement.	T 030		
T 052 SS=E	V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services 5.9 Staff Services 5.9.b. The residence must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;	T 052		

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T 052	Continued From page 6 (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that five of five employees reviewed, had inclusion in their training of the required following areas: Resident rights, Fire safety and emergency evacuation, Policies and procedures regarding mandatory reports of abuse, neglect and exploitation, Respectful and effective interaction with residents and General supervision and care of residents. *This is a repeat violation from the previous re-licensing survey. Findings include: A review of five selected employees, both hired in the past year and those that have been employed longer than a year, presented that five of the five did not have the required training in the past twelve months for fire safety, resident rights, reporting of abuse, neglect and exploitation, respectful and effective interactions and general care and supervision of the residents. Confirmation obtained on 11/13/18 at 12:15 PM, per interview with the Licensed Practical Nurse.	T 052			

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STREET ADDRESS, CITY, STATE, ZIP CODE

BATTELLE HOUSE

348 DEWEY STREET
BENNINGTON, VT 05201

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T 060	Continued From page 7	T 060		
T 060 SS=B	V.5.10.b.1.2.i.ii.iii.iv.v.vi.vii.viii.i Resident Care and Services 5.10 Records/Reports 5.10.b The following records shall be maintained and kept on file: (1) A resident register including all admissions to and discharges out of the residence. (2) A record for each resident which includes: i. The resident's name, emergency notification numbers, the name, address and telephone number of any legal representative or, if there is none, the next of kin; ii. The health care provider ' s name, address and telephone number; iii. Instructions in case of resident's death; iv. The resident ' s intake assessment summary, identification of problems and areas of successful life function; v. Data from other agencies; vi. Treatment plans and goal, regular progress notes; supervisory and review conclusions, aftercare plan and discharge summary, appropriate medical information, and a resident information release form;	T 060		

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T 060	Continued From page 8 vii. A signed admission agreement; viii. A recent photograph of the resident (but a resident may decline to have his or her picture taken. any such refusal shall be documented in the resident ' s record); ix. A copy of the resident ' s advance directives, if any were completed, and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain and keep on file all the required information for two of the two residents in the sample, Resident #1 and #2, regarding instructions in case of death and failed to have a recent photograph (or documented refusal) for one resident, Resident #2. Findings include: During record reviews on 11/13/18 for Resident #1 and 2, there was no evidence that either resident had provisions of instructions in the case of death. Review of the record for Resident #2 had no evidence of a recent photograph on record and per interview with the Licensed Practical Nurse (LPN) at 1:40 PM on 11/13/18 confirmation was obtained that Resident #1 and #2 did not have the record requirements met.	T 060			
T999 SS=E	Final Comments	T999			

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T999	Continued From page 9 This REQUIREMENT is not met as evidenced by: Based on staff interviews, the facility failed to insure that the appointed authorized qualified manager is present in the residence an average of twenty-two hours per week. Findings include: During interview with the Licensed Practical Nurse (LPN) and the Crisis Emergency Supervisor (CES) on 11/13/18 at, the manager of the facility is a psychiatrist that is associated with the entity that oversees the home. The LPN stated that the licensed manager is generally present in the home about a half hour per day and the CES concurred. They confirmed at 2:15 PM that most of the management is done remotely.	T999			